Memorandum

Date:

November 16, 2009

To:

Assistant Commissioner, Field

From:

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Protective Services Division

File No.:

020.9261.A12134.125m.doc

Subject:

THIRD QUARTER 2009 COMMAND INSPECTIONS - COMMAND

ILLNESS AND INJURY CASE MANAGEMENT

As directed by the Comm-Net dated January 9, 2009, Mandatory 2009 Command Inspections, Protective Services Division (PSD) elected to conduct a Command level inspection of: Command Illness and Injury Case Management within PSD. PSD utilized the guidelines and checklists contained in HPM 22.1, Command Inspections Program Manual, Chapter 7.

Attached are the required documents for your review. If you have any questions regarding the attached documents, please contact me or Assistant Chief Pat Burnett at (916) 323-1514.

M. J. NIVENS, Chief

Attachments

cc: Office of Inspections

Memorandum

Date:

September 17, 2009

To:

Protective Services Division

From:

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Judicial Protection Section

File No.:

021.11545

Subject:

QUARTERLY COMMAND INSPECTION

Judicial Protection Section (JPS) has completed its inspection of Chapter 7, Command Illness and Injury Case Management. There were no discrepancies, and comments were noted in the Remarks section for Not Applicable events.

If you have any questions, I can be reached at (415) 865-7900.

J. L. MOBLEY, Lieutenant

Page

1 of 3

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command:	Division:	Number:
JPS	PSD	021
Evaluated by: Sergeant Aron C	Date: 09/16/09	
Assisted by:	Date:	
Sergeant Mike S	09/16/09	

discrepancies with policy, applicable legal statues, or deficiencies note section. Additionally, such discrepancies and/or deficiencies shall be level of command. Furthermore, the Exceptions Document shall include used as a Follow-up Inspection, the "Follow-up Inspection" box shall be	d in the ins documented de any follo	pections sha d on an Exce w-up and/or	all be comn eptions Doc corrective	nented on via the "Remarks" cument and addressed to the next action(s) taken. If this form is
TYPE OF INSPECTION		ector's Signatu Aron Ching, #*		
☐ Division Level ☐ Command Level	ocigcant /	tion onling, #)	
Executive Office Level Voluntary Self-Inspection Follow-up Required:	Command	er's Signature	2	Date: 09/17/09
☐ Follow-up Inspection		M. NA	6h1	
☐ Yes	4	MIN	pour)	
For applicable policy, refer to: HPM 10.7		V		
Note: If a "No" or "N/A" box is checked, the "Remarks" see	tion shal	l be utilize	d for expl	anation.
 Has the command posted the required STD e13708, Notice to State Employees, in a prominent place? 	⊠ Yes	□No	│ │	Remarks:
Has the command posted a Safety and Health Protection on the job notice in a prominent place?	⊠ Yes	□No	□ N/A	Remarks:
Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	⊠ Yes	□ No	□ N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	⊠ Yes	□ No	□ N/A	Remarks:
Does the command maintain a current CHP 121D, Injury and Illness Status Report?	⊠ Yes	□No	□ N/A	Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	⊠ Yes	☐ No	□ N/A	Remarks:
7. Does the command maintain a current OSHA 300?	⊠ Yes	□No	□ N/A	Remarks:
Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	⊠ Yes	☐ No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

9.	Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	⊠ Yes	□ No	□ N/A	Remarks:
10	. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	⊠ Yes	□No	□ N/A	Remarks:
	Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	⊠ Yes	□ No	□ N/A	Remarks:
12.	Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	⊠ Yes	□No	□ N/A	Remarks:
	Does the command maintain a current five year record of the OSHA 300 log which is current?	⊠ Yes	□No	□ N/A	Remarks:
	Does the command maintain a current five year record of CHP 121s which is current?		☐ No	□ N/A	Remarks:
15.	Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	⊠ Yes	☐ No	□ N/A	Remarks:
16.	Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	⊠ Yes	☐ No	□ N/A	Remarks:
17.	Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□ No	□ N/A	Remarks:
	Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	☐ No	□ N/A	Remarks:
	Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
	Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
21.	Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous	⊠ Yes	□No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

22	. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
	. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	⊠ Yes	□No	□ N/A	Remarks:
	. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
25.	Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
26.	Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□ No	□ N/A	Remarks:
	Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	⊠ Yes	□No	□ N/A	Remarks:
	Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	⊠ Yes	□ No	□ N/A	Remarks:
	Does the command have copies of approved medical care providers posted for employees?	⊠ Yes	□No	□ N/A	Remarks:
30.	Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	⊠ Yes	□No	□ N/A	Remarks:
	Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	⊠ Yes	□No	□ N/A	Remarks:
32.	In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	☐ Yes	□ No	⊠ N/A	Remarks: No serious injury or death has taken place within this command where this requirement for notification was needed.
33.	In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	☐ Yes	□No	⊠ N/A	Remarks: No serious injury or death has taken place where the requirement for notification by phone was necessary.

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

Command:	Division:	Chapter:
JPS	PSD	Chapter 7
Inspected by:		Date:
Sergeant Ar	on Ching, 14984	09/16/2009

Page 1 of 2

INSTRUCTIONS: This document shall be number of the inspection in the Chapter shall be routed to and its due date. This improvement, identified deficiencies, con	Inspection docume	on number. Under "Forwa ent shall be utilized to doc	ard to:" enter the nex sument innovative pra	I in the blanks as indicated. Enter the chapter to level of command where the document actices, suggestions for statewide used if additional space is required.
TYPE OF INSPECTION Division Level Command L Executive Office Level	_evel	Total hours expended inspection: 5 Hours	d on the	☐ Corrective Action Plan Included ☐ Attachments Included
Follow-up Required:	Forwa	rd to:		
☐ Yes	Due D	ate:		
		03-2000 SH3 West 2000 E	Dates of Weibington	机工业专业 表 集 有限 人名英克克 医神经炎 医神经炎 医皮肤 医皮肤
Chapter Inspection:				Hard St.
Inspector's Comments Regar	rding Ir	nnovative Practices	s:	
None.				
Command Suggestions for S	tatewi	de Improvement:		
None.				
Inspector's Findings:				
None.				
Commander's Response: 🛛	Concu	ır or □ Do Not Cor	our (Do Not Conc	cur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

Page 2 of 2

Command: JPS	Division: PSD	Chapter:
Inspected by: Sergeant A	ron Ching, 14984	Date: 09/16/2009

Required Action	
Corrective Action Plan/Timeline	
None.	

Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	DATE 09/17/09
	INSPECTOR'S SIGNATURE	DATE 09/16/09
Reviewer discussed this report with	REVIEWER'S SIGNATURE	DATE /
employee	PRB IX alal 1	11/16/09
☐ Do not concur	7.11. Dune Michul	

Memorandum

Date:

September 17, 2009

To:

Protective Services Division

From:

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Judicial Protection Section

File No.:

021.11545

Subject:

QUARTERLY COMMAND INSPECTION

Judicial Protection Section (JPS) has completed its inspection of Chapter 7, Command Illness and Injury Case Management. There were no discrepancies, and comments were noted in the Remarks section for Not Applicable events.

If you have any questions, I can be reached at (415) 865-7900.

J. L. MOBLEY, Lieutenant

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command:	Division:	Number:
JPS	PSD	021
Evaluated by: Sergeant Aron C	Date: 09/16/09	
Assisted by:	Date:	
Sergeant Mike S	09/16/09	

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statues, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.							
TYPE O	F INSPECTION			ctor's Signatu Iron Ching, #1			
Divi	sion Level	Command Level)		
—							
	cutive Office Level	Voluntary Self-Inspection	0	16			Date: 09/17/09
Fo	llow-up Required:	Follow-up Inspection	Commande	er's Signature	4.	1	Date. 09/1//09
	Yes 🖂 No	T ollow-up inspection	4	W/1/1	polus		
					•		Na Carlotte
For applicable policy, refer to: HPM 10.7							
Note:	f a "No" or "N/A" box is c	hecked, the "Remarks" sec	tion shall	be utilize	d for expl	anation.	WIND OF S
1.	Has the command posted						
	Notice to State Employees			☐ No	□ N/A	Remarks:	
2.	Has the command posted					_ ,	
	Protection on the job notice			☐ No	□ N/A	Remarks:	
3.	a conspicuous place?	a Cal-OSHA S-11 notice in	⊠ Yes	□No	□ N/A	Remarks:	
4.	Has the commander prepa	ared a Commander's	24 100			T COTTO	11
	Memorandum for distributi		⊠ Yes	☐ No	□ N/A	Remarks:	
	expressing their desire to a						
	resume normal duty, outlin						
5.	and employee rights and re Does the command mainta						
ე.	Injury and Illness Status R			☐ No	□ N/A	Remarks:	
6.	Has the command provide			—			
	Comm-Net to the appropria		⊠ Yes	☐ No	□ N/A	Remarks:	
	regarding employees who occupational injury or illnes						
	more?	33 101 30 Calcildal days of					
7.	Does the command mainta	ain a current OSHA 300?	_	_		Domorko	<u> </u>
				☐ No	□ N/A	Remarks:	
8.	Is the OSHA 300 log secur		N V =	□ Na		Remarks:	
	confidentiality and has it be based on employee's healt		│ ⊠ Yes │	☐ No	∏ N/A		
<u></u>	on on one	Latae Gilarigee:	L .				

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

9.	Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	⊠ Yes	□ No	□ N/A	Remarks:
10	Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	⊠ Yes	□No	□ N/A	Remarks:
11.	Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	⊠ Yes	□ No	□ N/A	Remarks:
12.	Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	⊠ Yes	□No	□ N/A	Remarks:
13.	Does the command maintain a current five year record of the OSHA 300 log which is current?	⊠ Yes	□ No	□ N/A	Remarks:
14.	Does the command maintain a current five year record of CHP 121s which is current?		□No	□ N/A	Remarks:
15.	Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	⊠ Yes	□No	□ N/A	Remarks:
16.	Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	⊠ Yes	☐ No	□ N/A	Remarks:
17.	Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
18.	Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□ No	□ N/A	Remarks:
19.	Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
20.	Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
21.	Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	⊠ Yes	□No	□ N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	⊠ Yes	□ No	□ N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	⊠ Yes	□No	□ N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	⊠ Yes	□No	□ N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	⊠ Yes	□No	□ N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	⊠ Yes	□No	□ N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	☐ Yes	□No	⊠ N/A	Remarks: No serious injury or death has taken place within this command where this requirement for notification was needed.
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	☐ Yes	□No	⊠ N/A	Remarks: No serious injury or death has taken place where the requirement for notification by phone was necessary.

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

Command:	Division;	Chapter:
JPS	PSD	Chapter 7
Inspected by:		Date:
Sergeant Arc	on Ching, 14984	09/16/2009

Page 1 of 2

TYPE OF INSPECTION ☐ Division Level ☐ Command ☐ Executive Office Level	Level	Total hours expended on the inspection: 5 Hours	Corrective Action Plan Included Attachments Included
Follow-up Required:	Forwa	rd to:	
☐ Yes	Due D	rate:	
None.	N 1	18	
0 10 0 0	statewic	de Improvement:	
Command Suggestions for Solone.			
lone. Inspector's Findings:			

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Page 2 of 2

Command:	Division:	Chapter:
JPS	PSD	Chapter 7
Inspected by:		Date:
Sergeant Ar	on Ching, 14984	09/16/2009

Required Action	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Corrective Action Plan/Timeline	
None.	

Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMINDER'S SIGNATURE	DATE 09/17/09
	INSPECTOR'S SIGNATURE	DATE 09/16/09
Reviewer discussed this report with	REVIEWER'S SIGNATURE	DATE /
employee Concur Do not concur	P.R. Dunell A/Chul	11/16/09

Memorandum

Date:

September 21, 2009

To:

Office of Inspections

From:

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Dignitary Protection Section

File No.:

023.13231.12912

Subject:

THIRD QUARTER COMMAND INSPECTION

Dignitary Protection Section (DPS), has completed its third quarter 2009 Command Inspection on chapter seven of HPM 22.1, Command Inspections Program Manual. The inspection included all four DPS sections (023, 024, 026 and 027).

If you should have any questions regarding this request please contact Lieutenant Andy Menard at (916) 324-6501.

J. OKASHIMA, Captain

Commander

Page

1 of 3

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command: Dignitary Protection Section	Division: Protective Services Division	Number: 023
Evaluated by:		Date:
A Menard		9/11/2009
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statues, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION

Lead Inspector's Signature:

TYPE OF INSPECTION	ON		Lead Inspe	ector's Signati	ure:	
☐ Division Level		☑ Command Level		01		
☐ Executive Office	ce Level [☐ Voluntary Self-Inspection	(5	1		
Follow-up F	·	☐ Follow-up Inspection	Command	er's Signature		Date:
Yes	⊠ No		1/1/4	u U	Mushi	na aliston
For applicable p	olicy, refer to:	HPM 10.7				
		checked, the "Remarks" se	ction shal	be utilize	d for expl	anation.
Notice to	State Employees	the required STD e13708, s, in a prominent place?	⊠ Yes	□ No	□ N/A	Remarks: Posted in CPS Clerical
		a Safety and Health e in a prominent place?	⊠ Yes	☐ No	□ N/A	Remarks: Posted in CPS Clerical
	ommand posted uous place?	a Cal-OSHA S-11 notice in	⊠ Yes	☐ No	□ N/A	Remarks: Posted in CPS Clerical
Memorano expressin resume no	dum for distributi g their desire to	ared a Commander's ion to injured employees assist the employee ning departmental policy, esponsibilities?	⊠ Yes	□ No	□ N/A	Remarks:
	command mainta Illness Status R	ain a current CHP 121D, eport?	⊠ Yes	□No	□ N/A	Remarks:
Comm-Ne regarding	t to the appropri employees who	ed required notification via ate next level of command are off duty as a result of ss for 30 calendar days or	⊠ Yes	☐ No	□ N/A	Remarks:
		ain a current OSHA 300?		□No	□ N/A	Remarks:
confidentia	ality and has it be	red due to medical een regularly updated th status changes?	⊠ Yes	□No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

9	Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	⊠ Yes	☐ No	□ N/A	Remarks:
1	 Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log? 	⊠ Yes	□No	□ N/A	Remarks:
1	1. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	⊠ Yes	□No	□ N/A	Remarks:
12	2. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	⊠ Yes	☐ No	□ N/A	Remarks:
	B. Does the command maintain a current five year record of the OSHA 300 log which is current?	⊠ Yes	☐ No	□ N/A	Remarks:
14	Does the command maintain a current five year record of CHP 121s which is current?	⊠ Yes	☐ No	□ N/A	Remarks:
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16	i. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	⊠ Yes	□ No	□ N/A	Remarks:
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	. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	☐ No	□ N/A	Remarks:
	Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
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21.	Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

14					
22	. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	⊠ Yes	☐ No	□ N/A	Remarks:
23	Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	⊠ Yes	☐ No	□ N/A	Remarks:
24	Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
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30.	Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	⊠ Yes	□ No	□ N/A	Remarks:
31.	Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	⊠ Yes	□No	□ N/A	Remarks: Provided to Officer Baldwin.
32.	In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	☐ Yes	□ No	⊠ N/A	Remarks: Thankfully this situation has not occurred in our section.
33.	In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	☐ Yes	☐ No	⊠ N/A	Remarks: Thankfully this situation has not occurred in our section.

COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Dignitary	Division: Protective	Chapter: 7
Protection	Services	
Section	Division	

TYPE OF INSPECTION Division Level (() () Executive Office Level ()		Total hours expended on the inspection: 1 hour	☐ Corrective Action Plan Included ☐ Attachments Included
Follow-up Required:	Forwa	ird to:	
☐ Yes	Due D	Pate:	
nspector's Commei one.	nts Regarding I	nnovative Practices:	
Command Suggesti	ons for Statewic	de Improvement:	
Command Suggesti one.	ons for Statewic	de Improvement:	

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

Page 2 of 2

Command: Dignitary Protection	Division: Protective Services	Chapter: 7	
Section	Division		

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action	
Corrective Action Plan/Timeline	

DPS is adhering to the policies as required in HPM 10.6 and 10.7. No required action or corrective action is necessary.

Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	9/15/09
	INSPECTOR'S SIGNATURE	9/11/B
Reviewer discussed this report with employee	CREVIEWER'S SIGNATURE	DATE /
☐ Do not concur	4.1. Dunel A/Chy	11/14/09

Page

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command: GPD-North	Division: Protective Services	Number: 026
Evaluated by: Craig A. Conduff, Sgt. 13237		Date: 09/22/2009
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statues, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.					
TYPE OF INSPECTION		Lead Inspe	ctor's Signatu	ire:	1
			//	1/1	
☐ Division Level ☐ Command	ı Level	//	raus /	10	m/S
☐ Executive Office Level ☐ Voluntary	Self-Inspection	V	0		10
Follow-up Required:		Commande	er's Signature	-	Date:
l	-up Inspection	1.		16 1	
Yes No		140	m Us	ludi	ma 109/28/09
For applicable policy, refer to: HPM 10.7					
Note: If a "No" or "N/A" box is checked, the	: "Remarks" sect	tion shall	be utilize	d for expl	anation.
Has the command posted the required		-			
Notice to State Employees, in a promi 2. Has the command posted a Safety an		⊠ Yes	☐ No	□ N/A	Remarks:
Has the command posted a Safety an Protection on the job notice in a promi		⊠ Yes	☐ No	□ N/A	Remarks:
Has the command posted a Cal-OSH,		<u> </u>			romano.
a conspicuous place?		Yes	☐ No	□ N/A	Remarks:
 Has the commander prepared a Com- Memorandum for distribution to injured expressing their desire to assist the er resume normal duty, outlining department 	d employees nployee nental policy,	⊠ Yes	□No	□ N/A	Remarks:
and employee rights and responsibilitiesDoes the command maintain a current					
Injury and Illness Status Report?		⊠ Yes	□No	□ N/A	Remarks:
6. Has the command provided required r Comm-Net to the appropriate next lever regarding employees who are off duty occupational injury or illness for 30 cal more?	notification via el of command as a result of	☐ Yes	□ No	⊠ N/A	Remarks: No occupational injuries or illnesses.
7. Does the command maintain a current		⊠ Yes	□No	□ N/A	Remarks:
 Is the OSHA 300 log secured due to mean confidentiality and has it been regularly based on employee's health status change. 	/ updated	⊠ Yes	□No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

9.	Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	☐ Yes	□ No	⊠ N/A	Remarks: No occupational injuries.
10.	Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	☐ Yes	□No	⊠ N/A	Remarks: No occupational injuries.
11.	Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	⊠ Yes	□ No	□ N/A	Remarks:
12.	Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	⊠ Yes	□No	□ N/A	Remarks:
	Does the command maintain a current five year record of the OSHA 300 log which is current?		□No	□ N/A	Remarks:
	Does the command maintain a current five year record of CHP 121s which is current?	⊠ Yes	☐ No	□ N/A	Remarks:
15.	Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	☐ Yes	□ No	⊠ N/A	Remarks: No occupational injuries or illnesses.
16.	Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	☐ Yes	☐ No	⊠ N/A	Remarks: No occupational injuries or illnesses.
17.	Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	☐ Yes	□ No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.
18.	Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	☐ Yes	□ No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.
19.	Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	☐ Yes	□No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.
20.	Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	☐ Yes	□No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.
21.	Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous	☐ Yes	☐ No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

22.	Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	☐ Yes	☐ No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.
23.	Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	☐ Yes	☐ No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.
24.	Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	☐ Yes	□No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.
	Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	☐ Yes	□No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.
	Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	☐ Yes	☐ No	⊠ N/A	Remarks: No occupational injuries, illnesses or exposures.
27.	Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	⊠ Yes	□No	□ N/A	Remarks:
28.	Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	☐ Yes	□ No	⊠ N/A	Remarks: No occupational injuries or illnesses.
29.	Does the command have copies of approved medical care providers posted for employees?	⊠ Yes	□No	□ N/A	Remarks:
30.	Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	☐ Yes	□No	⊠ N/A	Remarks: No employee participation.
31.	Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	☐ Yes	□No	⊠ N/A	Remarks: No occupational injuries or illnesses.
32.	In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	☐ Yes	□ No	⊠ N/A	Remarks: No serious injuries or deaths.
33.	In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	☐ Yes	□No	⊠ N/A	Remarks: No serious injuries or deaths.

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command:	Division:	Number:
Dignitary	Protective	20.4
Protection	Services	024
Section	Division	
Evaluated by:		Date:
A Menard		9/11/2009
Assisted by:		Date:
1		1

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statues, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

		14			
TYPE C	F INSPECTION	Lead Inspe	ector's Signatu	ire:	
Div	ision Level		11	1 /)
		1	10/1		_
L Exe	ecutive Office Level		12		
Fo	ollow-up Required:	Command	er's Signature		Date:
	Follow-up Inspection	/)/	1. 11
] Yes ⊠ No		ull	and	9/15/09
		/		50.	•
For ap	oplicable policy, refer to: HPM 10.7				
Notes	If a "No" or "N/A" hav is shocked the "Demarks" co	otion chal	l bo utilizo	d for eval	anation
	If a "No" or "N/A" box is checked, the "Remarks" se	Luon Shai	De utilize	u ioi expi	
1.	Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?		□No	□ N/A	Remarks:
2.	Has the command posted a Safety and Health	□ 1es		I IVA	Remarks.
Z .	Protection on the job notice in a prominent place?	⊠ Yes	□No	□ N/A	Remarks:
3.	Has the command posted a Cal-OSHA S-11 notice in	M 103			rtomante.
] 3.	a conspicuous place?	⊠ Yes	□No	□ N/A	Remarks:
4.	Has the commander prepared a Commander's				
'.	Memorandum for distribution to injured employees	⊠ Yes	□No	□ N/A	Remarks:
	expressing their desire to assist the employee			_	
	resume normal duty, outlining departmental policy,				
	and employee rights and responsibilities?	,			
5.	Does the command maintain a current CHP 121D,				
	Injury and Illness Status Report?		☐ No	□ N/A	Remarks:
6.	Has the command provided required notification via				
	Comm-Net to the appropriate next level of command	☐ Yes	☐ No		Remarks:
	regarding employees who are off duty as a result of				
	occupational injury or illness for 30 calendar days or				
	more?				
7.	Does the command maintain a current OSHA 300?	NV		I ET NIZA	Remarks:
	1. (1. 00) 14. 000 1		☐ No	□ N/A	
8.	Is the OSHA 300 log secured due to medical	N Va-		□ N/A	Remarks:
	confidentiality and has it been regularly updated	│ ⊠ Yes	│		
	based on employee's health status changes?				

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	⊠ Yes	□No	□ N/A	Remarks:
Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	⊠ Yes	□No	□ N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	⊠ Yes	□ No	□ N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	⊠ Yes	□No	□ N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?		☐ No	□ N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	⊠ Yes	☐ No	□ N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	⊠ Yes	□ No	□ N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	⊠ Yes	□ No	□ N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□ No	□ N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

9	22	Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
		. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	⊠ Yes	□ No	□ N/A	Remarks:
	24	Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
		Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
		Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
		Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	⊠ Yes	□No	□ N/A	Remarks:
		Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	⊠ Yes	□ No	□ N/A	Remarks:
	29.	Does the command have copies of approved medical care providers posted for employees?	⊠ Yes	☐ No	□ N/A	Remarks:
		Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	⊠ Yes	□No	□ N/A	Remarks:
	31.	Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	☐ Yes	⊠ No	□ N/A	Remarks:
	32.	In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	☐ Yes	□ No	⊠ N/A	Remarks: Thankfully this situation has not occurred in our section.
		In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	☐ Yes	□ No	⊠ N/A	Remarks: Thankfully this situation has not occurred in our section.

COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

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	T 5: 1:	
Command:	Division:	Chapter: 7
Dignitary	Protective	
Protection	Services	
Section 024	Division	

INSTRUCTIONS: This document shall number of the inspection in the Chapte shall be routed to and its due date. Thi improvement, identified deficiencies, co	r Inspect s docum	ion number. Under "Forw ent shall be utilized to doc	ard to:" enter the nex cument innovative pra	
TYPE OF INSPECTION ☐ Division Level ☐ Command ☐ Executive Office Level	Level	Total hours expended inspection:	d on the	☐ Corrective Action Plan Included☐ Attachments Included
Follow-up Required: Tyes No Due Date:				
Chapter Inspection: Inspector's Comments Regarding Innovative Practices: None.				
Command Suggestions for Statewide Improvement: None.				
Inspector's Findings: DPS is adhering to the pe	olices	as required in HPM	10.6 and 10.7.	
Commander's Response: Concur or Do Not Concur (Do Not Concur shall document basis for response)				

COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Page 2 of 2

Dignitary Protective Services Section 024 Division: Division: Protective Services Division	Chapter: 7
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Inspector's Comments:	Shall address non concurrence by commander (e.g., findings revised, findings unchanged,
etc.)	
\$603.41.076.00.54.00.10.6.2	

REPORT OF SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP			
Required Action			
나는 가다왔으니까지 아니는 그들은 그리는 것이다.	Production of the second	That's strain a	
Corrective Action Plan/Timeline			

DPS is adhering to the policies as required in HPM 10.6 and 10.7. No required action or corrective action is necessary.

Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	aliolog
	INSPECTOR'S SIGNATURE	09/17/09
Reviewer discussed this report with employee	REVIEWER'S SIGNATURE	DATE
☐ Do not concur	4. g. Burnell Alchuf	11/14/09

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

Command:	Division:	Chapter:		
GPD-North 026 PSD 020		7		
Inspected by:		Date:		
Craig A. conduff, Sgt. 13237		09/22/2009		

Page 1 of 2

	Inspection docume	on number. Under "Forw ent shall be utilized to do	rard to:" enter the nex cument innovative pra	
TYPE OF INSPECTION ☐ Division Level ☐ Command L ☐ Executive Office Level	Total hours expended on the inspection: 1.0		☐ Corrective Action Plan Included☐ Attachments Included	
Follow-up Required:	Forwa	rd to:		
☐ Yes	Due D	ate:		
les No	EW B			
Chapter Inspection:		Allegans in almost and		
Inspector's Comments Regar	dina Ir	novative Practices		
None.				
Command Suggestions for Statewide Improvement:				
None.				
Inspector's Findings:				
None.				
Commander's Response: Concur or Do Not Concur (Do Not Concur shall document basis for response)				

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

Page 2 of 2

Command: GPD-North 026	Division: PSD 020	Chapter:
Inspected by: Craig A. conduff, Sgt. 13237		Date: 09/22/2009

		THE SEE SEE	VI STATE OF THE LAND	
Required Action				
Corrective Action Plan/Timeline	g or only the	hierarii, Irrida' Bov'		

Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	DATE 09/28/09
	hay a my	09/22/09
Reviewer discussed this report with	REVIEWER'S SIGNATURE	DATE /
employee Do not concur	J. R. Dunell	11/14/09

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command: GPD-South/027	Division: PSD	Number:
Evaluated by:		Date:
Sgt. Jim Mair		9/29/2009
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statues, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.					
	Lead Inspe	ector's Signati	ıre:		
TYPE OF INSPECTION					
☐ Division Level ☐ Command Level		0 0	1		
☐ Executive Office Level		AP 1	1a_	- 11732, SGT	
Follow-up Required:	Command	er's Signature		Date:	
Follow-up Inspection	1	1 K	7	1	
☐ Yes No	1//10	u. []	Buch.	alzalpa	
	1900	u U	anscu	1/20/04	
For applicable policy, refer to: HPM 10.7					
To applicable policy, refer to. HEIVI 10.7					
Note: If a "No" or "N/A" box is checked, the "Remarks" s	ection shall	l he utiliza	d for eval	anation	
Has the command posted the required STD e13708.	ection shar	i de ajinze	u ioi expi	anation.	
Notice to State Employees, in a prominent place?	☑ Yes	□No	□ N/A	Remarks:	
Has the command posted a Safety and Health				rtomano.	
Protection on the job notice in a prominent place?		□No	□ N/A	Remarks:	
3. Has the command posted a Cal-OSHA S-11 notice in	Yes				
a conspicuous place?	☑ Yes	☐ No	□ N/A	Remarks:	
Has the commander prepared a Commander's	_/				
Memorandum for distribution to injured employees	☑ Yes	☐ No		Remarks:	
expressing their desire to assist the employee					
resume normal duty, outlining departmental policy,					
and employee rights and responsibilities?5. Does the command maintain a current CHP 121D,					
Injury and Illness Status Report?	☑ Yes	□No	□ N/A	Remarks:	
Has the command provided required notification via					
Comm-Net to the appropriate next level of command	☑ Yes	☐ No	□ N/A	Remarks:	
regarding employees who are off duty as a result of					
occupational injury or illness for 30 calendar days or					
more?					
7. Does the command maintain a current OSHA 300?	☑ Yes	□No	□ N/A	Remarks:	
8. Is the OSHA 300 log secured due to medical					
confidentiality and has it been regularly updated	☑ Yes	☐ No		Remarks:	
based on employee's health status changes?					

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

30 oc	ave injury and illnesses been recorded in the OSHA 00 log within six workdays of the specific ccurrence?	☐ Yes	□No	□ N/A	Remarks:
inji log		Yes	□ No	□ N/A	Remarks:
OS 15 fac	as the command forwarded the previous year's SHA 300 log to their respective Division (January of for Areas, communication centers, inspection cilities, and Academy or February 15 th for Divisions and Headquarters commands)?	☑ Yes	□ No	□ N/A	Remarks:
Re pla 30 ^t		☑ Yes	□ No	□ N/A	Remarks:
rec	oes the command maintain a current five year cord of the OSHA 300 log which is current?	☑ Yes	□No	□ N/A	Remarks:
rec	oes the command maintain a current five year cord of CHP 121s which is current?	☑ Yes	□No	□ N/A	Remarks:
wit or i	ave CHP 121s been completed by a supervisor thin 24 hours of the notification of the alleged injury illness?	☑ Yes	□ No	□ N/A	Remarks:
СН	as the commander or his/her designee signed all HP 121s within three days of notification of the ury or illness?	☑ Yes	□No	□ N/A	Remarks:
Col day haz	ave all CHP 121s been filed with the State impensation Insurance Fund (SCIF) within five ys of the notification of the injury, illness, or zardous exposure?	Yes	□ No	□ N/A	Remarks:
of t	ave all CHP 121As been completed within 24 hours the notification of the injury, illness, or hazardous posure?	☑ Yes	□No	□ N/A	Remarks:
em not exp	ave all CHP 121As been signed by the affected aployee (if possible) within 24 hours of the tification of the injury, illness, or hazardous posure?	☑Ýes	□No	□ N/A	Remarks:
the noti exp	ave all CHP 121Bs been completed and signed by affected employee (if possible) within 24 hours of cification of the injury, illness, or hazardous posure?	√Yes	□No	□ N/A	Remarks:
the noti	are all CHP 121Cs been completed and signed by affected employee (if possible) within 24 hours of ification of the injury, illness, or hazardous	Yes	□No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

	. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	☑ Yes	□No	□ N/A	Remarks:
	 Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers? 	☑ Yes	□No	□ N/A	Remarks:
	. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	☑ Yes	□ No	□ N/A	Remarks:
	Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	☑ Yes	□ No	□ N/A	Remarks:
	Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	☑Yes	□ No	□ N/A	Remarks:
	Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	☑ Yes	□No	□ N/A	Remarks:
	Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	☑ Yes	□ No	□ N/A	Remarks:
	Does the command have copies of approved medical care providers posted for employees?	☑ Yes	□No	□ N/A	Remarks:
	Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	☑Yes	□No	□ N/A	Remarks:
	Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	☐ Yes	□No	☑ N/A	Remarks:
	In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	✓Yes	☐ No	□ N/A	Remarks:
33.	In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	☐ Yes	□No	☑ N/A	Remarks:

COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Command:	Division:	Chapter:	
GPD-S (027)	PSD	7	
Inspected by:		Date:	Т
Sgt. Jim Mair		9/29/2009	

Page 1 of 2

1 age 1 01 2				j . €2
	Inspection documents	on number. Under "Forv ent shall be utilized to do	vard to:" enter the nex cument innovative pra	
TYPE OF INSPECTION Division Level X Command Executive Office Level	Level	Total hours expende inspection: 1.5 Hours	ed on the	☐ Corrective Action Plan Included☐ Attachments Included
Follow-up Required: ☐ Yes X☐ No		rd to: PSD Division ate: 9/30/2009		
Chapter Inspection:				
Inspector's Comments Regar All forms and documents properties Command Suggestions for St	erly file	ed, categorized an		inspection.
None.		as improvement.		
Inspector's Findings:				
Unit procedures according to c	lepartr	mental policy and p	procedures.	
Commander's Response: X	Cond	cur or 🗌 Do Not C	oncur (Do Not Co	ncur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged,

CHP 680A (Rev. 02-09) OPI 010

etc.)

COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Page 2 of 2

Command: GPD-S (027)	Division: PSD	Chapter:
Inspected by: Sgt. Jim Mair	**	Date: 9/29/2009

None.

Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	9 30 109
	INSPECTOR'S SIGNATURE	9/29/09
☐ Reviewer discussed this report with employee ☐ Do not concur	P. R. Burallo Alchie	11/14/09

Memorandum

Date:

September 29, 2009

To:

Protective Services Division

From:

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Capitol Protection Section

File No.:

025.11844.12150

Subject:

THIRD QUARTER, 2009, INSPECTION OF COMMAND INJURY AND

ILLNESS CASE MANAGEMENT – CAPITOL PROTECTION SECTION

Capitol Protection Section (CPS) has completed its third quarter inspection of Command Injury/Illness Case Management practices as required by the Office of the Commissioner in a Comm-Net message dated January 9, 2009. A reveal of CPS procedures related to Injury/Illness Case Management revealed Section was in general compliance with policies and procedures outlined in HPM 10.7, Injury and Illness Case Management Manual, based on inspection criteria provided in HPM 22.1, Command Inspection Program Manual, Chapter 7.

This inspection revealed only two deficiencies in program management, both involving notification procedures. Due to the close proximity of Division and Section offices, which are located in the same building, CPS does not normally send Comm-Net messages to Division advising of injuries or illnesses extending beyond 30 days. Notifications are personally made by the Commander or his designee to the appropriate Division representative. Further, CPS records indicate Section has not normally notified the Office of Risk Management, Disability and Retirement Unit of non-disabling or disabling injuries by Comm-Net as required by policy. Contact is normally made via telephone or electronic mail.

Effective immediately, procedures to correct these deficiencies will be implemented as appropriate. Further, Section will perform quarterly audits to ensure compliance with this and other policies associated with Injury and Illness Case Management.

If there are any questions regarding this inspection, please contact me or Sergeant Robert Lapord at (916) 322-3337.

R. P. GHIGLIERI, Captain Commander

Attachments

Page

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command: Capitol Protection Section	Division: Protective Services Division	Number: 7 Injury / Illness Case Management
Inspected by: Sgt. Robe Evaluated by: Lt. Allen S		Date: 09/28/2009
Assisted by: Not Applica	ble	Date: 09/28/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statues, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected. Lead Inspector's Signature: TYPE OF INSPECTION Division Level □ Command Level ☐ Executive Office Level ☐ Voluntary Self-Inspection Follow-up Required: Commander's Şignature: Date: 09/29/2009 12/31/2009 X Yes No For applicable policy, refer to: HPM 10.7 Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation. 1. Has the command posted the required STD e13708. Notice to State Employees, in a prominent place? No □ N/A Remarks: 2. Has the command posted a Safety and Health Protection on the job notice in a prominent place? Yes ☐ No □ N/A Remarks: 3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place? □ No □ N/A Remarks: Has the commander prepared a Commander's Memorandum for distribution to injured employees □No Remarks: □ N/A expressing their desire to assist the employee resume normal duty, outlining departmental policy. and employee rights and responsibilities? Does the command maintain a current CHP 121D. Injury and Illness Status Report? □No X Yes ☐ N/A Remarks: Has the command provided required notification via Remarks: The Command Comm-Net to the appropriate next level of command ☐ Yes ⊠ No □ N/A shares a facility with regarding employees who are off duty as a result of Division. Notifications are occupational injury or illness for 30 calendar days or normally made directly from more? the commander to Division. Does the command maintain a current OSHA 300? Remarks: □No □ N/A Is the OSHA 300 log secured due to medical Remarks: confidentiality and has it been regularly updated ☐ No □ N/A

based on employee's health status changes?

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

 Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence? 	⊠ Yes	□No	□ N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	⊠ Yes	□No	□ N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	⊠ Yes	□No	□ N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	⊠ Yes	□ No	□ N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	⊠ Yes	☐ No	□ N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	⊠ Yes	☐ No	□ N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	⊠ Yes	□ No	□ N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	⊠ Yes	□No	□ N/A	Remarks: Original 121s are normally signed within three days of the reported injuries and referred to SCIF. Occasional 121 final drafts reflect signature dates exceeding the three day time frame due to required corrections and/or follow-up information.
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□ No	□ N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous	⊠ Yes	□No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

	Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
	Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	⊠ Yes	☐ No	□ N/A	Remarks:
	. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
	Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	□No	□ N/A	Remarks:
	. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	⊠ Yes	☐ No	□ N/A	Remarks:
27	Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities?	⊠ Yes	□ No	□ N/A	Remarks:
28	. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	☐ Yes	⊠ No	□ N/A	Remarks: CPS does not normally send Comm-Net messages to ORM/DRU. CPS directly contacts DRU, providing necessary information via email and telephone.
29	Does the command have copies of approved medical care providers posted for employees?	⊠ Yes	□No	□ N/A	Remarks:
	Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	⊠ Yes	☐ No	□ N/A	Remarks:
31	Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	⊠ Yes	□No	□ N/A	Remarks:
32	In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	☐ Yes	□No	⊠ N/A	Remarks: The Command has not had an occurrence of serious injury or death.
33.	In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight bours?	☐ Yes	□No	⊠ N/A	Remarks: The Command has not had an occurrence of serious injury or death.

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

Page 1 of 2

Command: Capitol Protection Section

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter

Division: Protective Services Division Chapter: #7 Injury / Illness Case Management

Inspected by: Sgt. Robert LaPord, ID 12201 Evaluated by Lt. Allen Stallman, ID 12150 Date: 09/28/2009

shall be routed to and its due date.	This docume	ent shall be utilized to c	locument innovati	e next level of command where the document ve practices, suggestions for statewide ay be used if additional space is required.
TYPE OF INSPECTION ☐ Division Level ☐ Commar	nd Level	Total hours expendinspection: 24	ded on the	☐ Corrective Action Plan Included
Executive Office Level				Attachments Included
Follow-up Required:		rd to: Protective es Division		
⊠ Yes □ No	Due D	ate: 09/29/2009		
Chapter Inspection: 7				
Inspector's Comments Reg	garding Ir	nnovative Practice	es:	
None.				
Command Suggestions for	Statewic	de Improvement:		
None.				
Inspector's Findings:				
The audit revealed substant Illness/Injury case managen Departmental policy were no	nent prac	tices. Minor disc	repancies in	procedures as required by
normally send Comm-Net m	essages ather, thi	advising Divisior s information is p	of injuries th	ne same building, Section does not at result in employees being off duty tly to the Division representative by ronic mail.

Commander's Response:
Concur or
Do Not Concur (Do Not Concur shall document basis for response)

illness. Contact is normally made via telephone or electronic mail.

<u>Item #28</u>: An inspection of documents and review of current practices revealed CPS does not normally send a Comm-Net message to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of notification to Command of a non-disabling or disabling occupational injury or

Discrepancies were noted and will be corrected within the time frames indicated in the Corrective Action Plan/Timeline Section of this report.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Capitol Protective Services Division: Protective Injury / Illness Case Management

Inspected by: Sgt. Robert LaPord, ID 12201 Evaluated by Lt. Allen Stallman, ID 12150

Inspector's Comments	: Shall address non concurrence by commander (e.g., findings revised, findings unchanged,
etc.)	

None.

Required Action
Corrective Action Plan/Timeline

<u>Item #6</u>: CPS will inquire of ORM to determine viability of sending a Comm-Net to PSD given the location of both Division and Section in the same building. If required, Section will immediately begin sending Comm-Net messages to Division advising of injuries/illness to employees for periods extending to thirty days or more.

Projected Completion Date: Immediate Action

Compliance Report: December 31, 2009

Item #28: CPS will immediately adjust reporting procedures to ensure ORM/DRU is alerted via Comm-Net messages to Division advising of all non-disabling or disabling occupational injuries/illness within 24 hours of notification to Command.

Projected Completion Date: Immediate Action

Compliance Report: December 31, 2009

Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	DATE 09/28/2009
	INSPECTOR'S SIGNATURE	DATE 09/28/2009
☐ Reviewer discussed this report with employee ☐ Do not concur	REVIEWER'S SIGNATURE P. R. Burnello A/Chif	DATE 09/28/2009